



2019-2020 PLAYER PACK and EQUIPMENT ORDER FORM

Player Name: _____ Grade: _____ Preferred Position: _____

Parent(s) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

Parent 1 E-mail: _____

Parent 2 E-mail: _____

Player Phone: _____ Player Twitter: _____

Player E-mail: _____

| Description | Size | Price |
|---|-------------------|---------|
| 2019-20 Team Dues and Player Pack <i>Please enter amount==>>>></i> \$750.00 if paid before November 1, 2019 \$800.00 if paid on or after November 1, 2019 | | \$ |
| Player Pack - Shirt (Included with Team Dues) <i>Please select size==>>>></i> | S, M, L, XL | \$ 0.00 |
| Player Pack - Shorts (Included with Team Dues) <i>Please select size==>>>></i> | S, M, L, XL | \$ 0.00 |
| Player Pack - Sweatpants (Included with Team Dues) <i>Please select size==>>>></i> | S, M, L, XL | \$ 0.00 |
| Player Pack - Sweatshirt (Included with Team Dues) <i>Please select size==>>>></i> | S, M, L, XL | \$ 0.00 |
| Player Pack - Reversible Jersey (Included with Team Dues) <i>Please select size==>>>></i> | S, M, L, XL | \$ 0.00 |
| Player Pack - Polo Shirt (Included with Team Dues) <i>Please select size==>>>></i> | S, M, L, XL | \$ 0.00 |
| Cascade R Helmet - \$205.00 <i>Please enter amount==>>>></i> <i>(Required for players that do not have a WHITE helmet. Payment due by Sept. 9th)</i> | One Size Fits All | \$ |
| CT Lacrosse Bag - \$90.00 <i>Please enter amount==>>>></i> <i>(Required for freshmen & players that do not have a CT lacrosse bag. Payment due by Sept. 9)</i> | N/A | \$ |
| TOTAL: | | \$ |
| Payment: | | \$ |
| Balance: | | \$ |

Payment Options:

☐ Quickbooks Invoice Online

☐ Check payable to CTLBC

☐ Cash

☐ CTLBC Player Account

☐ Credit Card

☐ PayPal: treasurer@traillax.com

Parent/Guardian Signature: _____ Date: _____

*** Please visit traillax.com for all CT LAX info. ***

For CT Lacrosse Booster Club Personnel:

Received by: _____ Amount Received: \$ _____ Date: _____